## O.D. FORM

Raipur Institute of Medical Sciences
Off- NH-6, Village- Godhi, Bhansoj Road,
Raipur, (C.G.)

		Date:		
Name:	Emp. Code	Emp. Code No:		
Designation:	Departme	nt:		
InTime:	OutTime:	Hours:		
Date:	Day:			
Reason:				
	(Only fully filled j	form will be accepted)		
Sign. of the Applicant		Name of HOD & Sig	nature	
		DEAN		
	Raipur Institute Off- NH-6, Village	• FORM  of Medical Sciences  - Godhi, Bhansoj Road, ur, (C.G.)		
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DEAN